



INLAND COUNTIES EMERGENCY MEDICAL AGENCY
Serving San Bernardino, Inyo, and Mono Counties
515 N ARROWHEAD AVENUE
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825

EMT-PARAMEDIC APPLICATION FOR INITIAL ACCREDITATION

PRINT OR TYPE - ALL ITEMS MUST BE COMPLETED

Legal Name: _____
Last First Middle Sex (M/F)
Address: _____
Number & Street City State Zip
Phone#: _____ Date of Birth: _____
Drivers _____
License #: _____ SSN #: _____
Current _____ Prospective _____
Employer: _____ Employer: _____

Submit copies (front & back) and list expiration dates for the following:

State License #: _____ Exp Date: _____
ACLS Exp. Date: _____ BCLS Exp: _____
Previous ICEMA #: _____ Exp Date: _____
Accredited in a different name: EMT-P Training Program: _____ Course Completion Date: _____

(Submit copy if completed within last 6 months)

As a certified licensed prehospital provider have you been suspended, revoked, or placed on probation?
[] Yes [] No If yes, please provide a brief explanation including City, County, and State of action.

**WRITTEN VERIFICATION OF EMPLOYMENT/SPONSORSHIP AS A PARAMEDIC TO BE COMPLETED
BY AN AUTHORIZED ALS PROVIDER AGENCY OR BY A PREHOSPITAL PROVIDER AGENCY WHO
HAS FORMALLY REQUESTED ALS AUTHORIZATION THROUGH ICEMA**

I Verify that _____, EMT-P State License # _____ is currently/or will
be employed at this agency as an EMT-Paramedic.

Agency Authorized Signature/Title Print Name Date

I hereby certify that the information listed is true and correct and that I am eligible for accreditation and am not precluded from accreditation for reasons defined in Section 1798.200 of the Health & Safety Code. I understand that any fraudulent entry on this application may be considered cause for denial or subsequent revocation of my accreditation. I hereby authorize ICEMA to verify any and all information contained herein and authorize release of any and all information as deemed relevant to the accreditation process and subsequent testing to my employer and/or assigned Base Hospital. I agree to hold ICEMA harmless from any act or action resulting from the release of the information as stated above

Date: _____ Signature: _____

**APPLICATION FEE (\$75.00) IS NOT REFUNDABLE, TRANSFERABLE, AND MAY NOT BE
PAID WITH PERSONAL CHECK**

REQUEST FOR WAIVER

In order to have the requirement(s) for Orientation and/or five (5) ALS contacts waived, this section must be completed. Eligible applicants are those who completed their field internship in the last six (6) months within the ICEMA region, and with an ICEMA authorized preceptor. Submit a copy of the EMT-P training institution's course completion record.

EMT-P Training Program: _____ Course Completion Date: _____

Please waive the requirements for the Orientation Course and the five (5) ALS contacts because my field internship was completed within the ICEMA region at:

ALS Provider Agency Name	Preceptor Name (Print)	ICEMA Accreditation#
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Signature	Date
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ICEMA USE ONLY:

[]	approved	[]	disapproved	Signature/Title	Date
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REQUIREMENTS FOR EMT-P INITIAL ACCREDITATION TO PRACTICE PROTOCOL REFERENCE 15001 EFFECTIVE 02/01/03

AUTHORITY: Title 22, Division 9, Chapter 4, Section 100164 of the California Health and Safety Code.

PROCEDURE:

Initial EMT-P Accreditation

1. Possess a current California EMT-P license
2. Submit the appropriate ICEMA application with:
 - a. Fee as set by ICEMA. The fee is not refundable or transferable.
 - b. Written verification of employment or intent to employ as a paramedic by an authorized EMT-P provider agency or by a prehospital provider agency that has formally requested ALS authorization by the local EMS agency.
 - c. Copy of front and back of current signed BLS/CPR and ACLS cards.
 - d. Copy of course completion certificate.
3. Photo taken at ICEMA when application is submitted. Applicant may submit a driver's license size photo (no tinted glasses or hats) with their application.
4. A provisional card will be issued upon receipt of items #1 through #3. The provisional EMT-P may function using the approved State Basic Scope of Practice while working with a partner who is fully accredited as an EMT-P preceptor within the local EMS region for thirty (30) calendar days from receipt of completed application.
5. Successfully complete an orientation (not to exceed eight classroom hours) of local protocols and policies given by an ICEMA approved EMT-P orientation/skills instructor, and document training in all ICEMA undefined scope of practice areas. The EMS Medical Director may waive this requirement for EMT-P graduates from an approved EMT-P training institution in this region.
6. Successfully pass the local accreditation written examination with a minimum score of eighty percent (80%) and attend the skills testing in ICEMA undefined scope of practice. The EMS Medical Director may waive skills testing for EMT-P graduates from an approved EMT-P training institution in this region.
 - a. A candidate who fails to pass the ICEMA written exam on the first attempt will have to pay the ICEMA approved fee and re-take the exam with a minimum score of 85%.
 - b. A candidate who fails to pass the ICEMA written exam on the second attempt will have to pay the ICEMA approved fee, and provide documentation of eight (8) hours of remedial training in relation to ICEMA protocols, policies / procedures given by their EMS/QI Coordinator and pass the ICEMA exam with a minimum score of 85%.
 - c. If the candidate fails to pass the ICEMA exam on the third attempt, the ICEMA Medical Director will review the candidate's application to determine additional training requirements
7. Successfully complete a supervised field evaluation with an EMS agency approved preceptor to consist of no less than five (5) but no more than ten (10) ALS responses. The EMS Medical Director may waive this requirement for EMT-P graduates from an EMT-P training institution approved by an EMS agency in the state of California and have met all of the following conditions:
 - a. Course completion was within six (6) months of the date of application for accreditation.
 - b. Field training was obtained at an authorized ALS provider within ICEMA and was precepted by an ICEMA approved EMT-P preceptor.
 - c. Complete and sign the waiver documenting items (a) and (b). No other form will be accepted.
8. The Medical Director shall evaluate any candidate who fails to successfully complete the field evaluation and recommend further evaluation or training as required. Failure of the accreditation field evaluation may constitute failure of the entire process.
9. If the applicant does not complete the accreditation requirements within thirty (30) days, the applicant must complete a new application and pay a new fee to begin another thirty (30) day period. An applicant may only apply for initial accreditation a maximum of three (3) times per calendar year.
10. The local EMS agency will notify individuals applying for accreditation of the decision to accredit within thirty (30) days of receipt of completed application.

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